Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

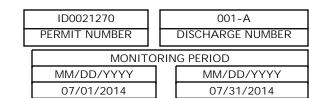
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.2	29.8	deg C	*****	*****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	384	573	lb/d	*****	6	9	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	****	357	409	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.6	****	7.9	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	669	840	lb/d	*****	11	13	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	273	321	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10	19	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jack Bennion Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)8/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

DMR Mailing ZIP CODE:

MAJOR

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.9	38.6	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	5.2	7.8	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	304	542	lb/d	*****	5	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	7	128	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.34	7.95	MGD	*****	****	****	****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jack Bennion Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)8/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\
TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DIN	G PERIOD
	MONTE	-	GTERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2014	Ì	07/31/2014

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IACK BENNION	TELEP	HONE	DATE
Travis netriwener/ enty manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933)8/08/2014
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

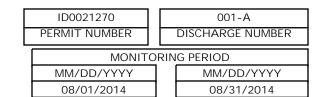
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER



DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

Jack Bennion

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.1	29.8	deg C	*****	*****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	746	2512	lb/d	*****	9	28	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	390	392	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	****	****	****	7.6	*****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1283	4009	lb/d	****	16	45	mg/L	1	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	278	296	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9	20	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0	PERMIT	247	351	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Letter for loss of containment and instantaneous maximum E. coli excursion. letter for Weekly Average effleunt TSS lbs/day excursion.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Travis Rothweiler/ City Manager

TYPED OR PRINTED

NUMBER

(208)734-9933

AREA Code

)9/10/201

MM/DD/YYYY

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83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	08/01/2014	1	08/31/2014

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.5	29.4	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	4.1	5.9	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	308	476	lb/d	*****	5	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	26	2420	#/100mL	1	Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.5	11.28	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Letter for loss of containment and instantaneous maximum E. coli excursion. letter for Weekly Average effleunt TSS lbs/day excursion.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Travis Rothweiler/ City Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)734-9933

AREA Code

Jack Bennion

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)9/10/201

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2014 08/31/2014

DMR Mailing ZIP CODE:

83303 **MAJOR** \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	IACK RENNION	TELEPI	HONE	DATE
Travis Retriveners erty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)9/10/201
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Letter for loss of containment and instantaneous maximum E. coli excursion. letter for Weekly Average effleunt TSS lbs/day excursion.

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ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	27	28.4	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	*****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	202	252	lb/d	****	3	4	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	402	452	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7.7	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	466	562	lb/d	*****	8	9	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	290	306	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	24	53	lb/d	*****	.4	.8	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	22	28.7	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	4	4.7	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	363	474	lb/d	*****	6	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	6	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.28	8.26	MGD	*****	*****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jack Bennion Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933 0/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IACK BENNION	TELEP	HONE	DATE
Travis nonwener, only manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	0/10/2014
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

MAJOR

External Outfall

(SUBR 05)

Jack Bennion

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	25.5	27.1	deg C	*****	*****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	748	972	lb/d	*****	13	16	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	467	496	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	*****	****	7.6	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1127	1615	lb/d	*****	19	27	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	275	295	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	18	72	lb/d	*****	.3	1.2	mg/L		Weekly	COMP24
00610 Q 0	PERMIT REQUIREMENT	338	488 DAILY MX	lb/d	****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Twin Falls Bioassay Report October 2014

Travis Rothweiler/ City Manager

TYPED OR PRINTED

NUMBER

(208)734-9933

AREA Code

1/07/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MONITO MM/DD/YYYY	ORIN	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.2	21.1	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	6.3	7.8	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	478	663	lb/d	*****	8	10	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	9	31	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.84	7.95	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lack Bennion	TELEP	HONE	DATE
	Travis Rothweiler/ City Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	1/07/2014
İ	TYPED OR PRINTED	amornation, molecular the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Twin Falls Bioassay Report October 2014

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I IACK BENNION	TELEP	HONE	DATE
Travis Notitivenery Sity Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	1/07/2014	
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Twin Falls Bioassay Report October 2014

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\
TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

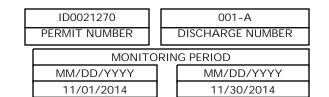
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER



DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	11.9	16.2	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	430	784	lb/d	****	8	14	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	446	502	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7.4	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	668	1327	lb/d	*****	12	23	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	294	338	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	18	lb/d	*****	.1	.3	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Snawn Worthit	TELEPI	HONE	DATE
Travis Retrivener, erry Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	2/08/2014
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls E coli excursion 11/09/14

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	11/01/2014	1	11/30/2014

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	18.7	65.4	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	4.8	8.8	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	352	447	lb/d	*****	7	8	mg/L	_	Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	10	462	#/100mL	1	Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.17	8.03	MGD	****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	I Shawh Mottiti	TELEP	HONE	DATE
Travis Rothwonorr orty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	2/08/2014
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls E coli excursion 11/09/14

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

	QUANTI ⁻		TITY OR LOADII	TITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Shawn Moffitt	TELEP	HONE	DATE
Travis Notitivenery enty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933		2/08/2014
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Twin Falls E coli excursion 11/09/14

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	12/01/2014	1	12/31/2014

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21.2	24.6	deg C	*****	****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1269	2767	lb/d	****	23	50	mg/L	1	Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	562	686	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7.6	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1919	4197	lb/d	*****	35	76	mg/L	3	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	321	376	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	20	59	lb/d	*****	.4	1.1	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE Shawn Moffitt direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)1/09/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Snake River MGD 2014, SRMGD Cover Letter 2014, Surface Water Monitoring 2014 Yearly Report, Twin Falls WWTP Weekly Average BOD and Monthly Average TSS Excursion, Twin Falls WWTP Weekly Average TSS Excursion and Ecoli

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270	Г	001-A
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	DRI	NG PERIOD
	MONITO MM/DD/YYYY	DRI	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	20.3	34.7	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	5.7	9.7	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	306	527	lb/d	*****	5	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	17	456	#/100mL	1	Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.45	7.43	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Moffiff	TELEP	HONE	DATE
Travis Rothweiler/ City Manaq	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)1/09/201
TYPED OR PRINTED	anto matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Snake River MGD 2014, SRMGD Cover Letter 2014, Surface Water Monitoring 2014 Yearly Report, Twin Falls WWTP Weekly Average BOD and Monthly Average TSS Excursion, Twin Falls WWTP Weekly Average TSS Excursion and Ecoli

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	89	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Shawn Moffitt	TELEPI	HONE	DATE
Travis Retrivener, erry Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734	4-9933)1/09/201!
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached Snake River MGD 2014, SRMGD Cover Letter 2014, Surface Water Monitoring 2014 Yearly Report, Twin Falls WWTP Weekly Average BOD and Monthly Average TSS Excursion, Twin Falls WWTP Weekly Average TSS Excursion and Ecoli

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

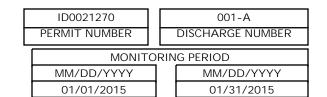
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER



DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21	24.6	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	769	1300	lb/d	****	13	22	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	479	505	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7.5	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1091	1841	lb/d	*****	19	31	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	258	290	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	9	13	lb/d	*****	.1	.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE Shawn Moffitt direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)2/09/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2015	1	01/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	14.5	19.3	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	4.7	6.3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	368	487	lb/d	*****	6	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	10	66	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7	8.04	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Shawn Moffitt Travis Rothweiler/ City Manager the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)2/09/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

,

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Moffiff	TELEP	HONE	DATE
Travis Notitivenery Sity Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)2/09/201!
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270	\sqcap \lceil	001-A
PERMIT NUMBER		DISCHARGE NUMBER
MO	VITOR	ING PERIOD
MM/DD/YYYY	′	MM/DD/YYYY
02/01/2015		02/28/2015

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21.4	22.7	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	874	1756	lb/d	*****	14	29	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	483	515	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	*****	****	7.6	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1507	2898	lb/d	****	25	48	mg/L	1	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	249	258	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	11	lb/d	*****	.1	.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Mottitt	TELEP	HONE	DATE
Travis Retrivener, erty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)3/10/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached letter for average weekly effluent TSS concentration excursion.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2015	1	02/28/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	16.7	25	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	3.2	5.6	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	421	518	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	17	228	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.22	8.34	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Shawn Moffitt Travis Rothweiler/ City Manager the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)3/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR information, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached letter for average weekly effluent TSS concentration excursion.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Moffiff	TELEP	HONE	DATE
Travis nonwener, only manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)3/10/201!
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached letter for average weekly effluent TSS concentration excursion.

Form Approved OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

_			
	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONIT) E	RING PERIOD
	MONIT	OF	RING PERIOD
	MONITO MM/DD/YYYY	OF	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.1	23.9	deg C	*****	****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	592	887	lb/d	*****	10	15	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	466	510	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.8	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	958	1569	lb/d	*****	16	26	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	273	305	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	19	68	lb/d	*****	.3	1.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Shawn Moffitt Travis Rothweiler/ City Manager the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)4/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30 Q=OCTOBER 1 THROUGH APRIL 30

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	18	21.2	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	3.9	5.6	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	456	503	lb/d	*****	8	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	25	37	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.18	7.95	MGD	****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Shawn Mottitt	TELEP	HONE	DATE
Travis Rothweller, orty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)4/10/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: '\
TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Mottitt	TELEP	HONE	DATE
Travia namenary any managa	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)4/10/201!
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

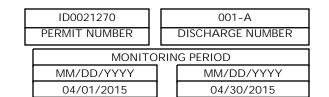
TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER



DMR Mailing ZIP CODE: 83303

MAJOR

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.8	24.4	deg C	*****	*****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	531	585	lb/d	*****	9	9	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	371	443	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.7	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	919	1041	lb/d	****	15	17	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	236	247	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	19	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Snawn Mottitt	TELEPI	HONE	DATE
Travis Rothwoner, orty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)5/08/201!
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Bioassay Report 2015 attached

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2015	1	04/30/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	19	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	34.9	48.8	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	3.8	4.3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	490	688	lb/d	*****	8	11	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	13	33	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.52	8.85	MGD	****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	1	toxic		Twice per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24

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Travis Netriweller, Oily Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)5/08/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Bioassay Report 2015 attached

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

MAJOR \$ (SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	****	94	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Mottitt	TELEP	HONE	DATE
Travis Notitivenery Sity Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933)5/08/201!
TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Г	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2015	1	05/31/2015

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	24.5	27.7	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	643	1301	lb/d	*****	10	20	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	362	413	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.6	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1041	2010	lb/d	****	16	31	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	304	391	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	62	246	lb/d	*****	.9	3.6	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Shawn Moffitt Travis Rothweiler/ City Manager the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)6/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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Г	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2015	1	05/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.9	46.8	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	5.1	9.3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	494	691	lb/d	*****	8	10	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	6	390	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.65	8.73	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

certify under penalty of law that this document and all attachments were prepared under my

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nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Travis Rothweiler/ City Manager

TYPED OR PRINTED

Q=OCTOBER 1 THROUGH APRIL 30

NUMBER

TELEPHONE

(208)734-9933

AREA Code

Shawn Moffitt

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)6/08/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

IOD ¢

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	-
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	I Shawn Mottitt	TELEPI	HONE	DATE
Travis Retrivener, erry Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)6/08/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270	Γ	001-A
Г	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	DRI	NG PERIOD
	MONITO MM/DD/YYYY	ORI	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

Shawn Moffitt

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	27.6	29.8	deg C	*****	****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	579	1085	lb/d	*****	9	17	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	329	364	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	****	*****	****	7.8	****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1052	1537	lb/d	*****	16	24	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	276	324	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12	17	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0	PERMIT	247	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30

Travis Rothweiler/ City Manager

TYPED OR PRINTED

Q=OCTOBER 1 THROUGH APRIL 30

NUMBER

(208)734-9933

AREA Code

)7/10/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	06/01/2015	1	06/30/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX C	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	46	57.2	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	3.9	5	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	539	592	lb/d	*****	9	10	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	11	79	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.73	8.43	MGD	*****	****	****	*****	'	Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Shawn Mottitt	TELEP	HONE	DATE
Travis Retrivener, erry Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)7/10/201!
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shawn Mottitt	TELEPI	HONE	DATE
Travis NottiWeller, City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)734-9933)7/10/201
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
07/01/2015	1	07/31/2015

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.4	29.8	deg C	*****	*****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	*****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	314	504	lb/d	****	5	7	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	332	380	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.7	****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	700	1059	lb/d	****	11	16	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	236	242	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	16	34	lb/d	*****	.3	.5	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lack Bennion	TELEP	HONE	DATE
Travis Rothwoner, orty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)8/10/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	36	52.8	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	2.6	3.5	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	436	595	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	8	155	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.78	9.06	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jack Bennion Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)8/10/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2015 07/31/2015

DMR Mailing ZIP CODE:

83303

MAJOR

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IACK BENNION	TELEP	HONE	DATE
Travis nonwener, only manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)8/10/201
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	28.7	29.6	deg C	*****	*****	*****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	893	1822	lb/d	****	13	28	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	367	408	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	*****	****	7.7	****	8	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1829	3628	lb/d	****	28	56	mg/L	2	Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	257	266	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	13	22	lb/d	*****	.2	.3	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lack Bennion	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)9/08/201
TYPED OR PRINTED	and matter, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Letter for effluent weekly average TSS excursions. Week of 8/23/15

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	DRI	NG PERIOD
	MONITO MM/DD/YYYY	ORII]	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	20.5	35.3	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	5.7	12.2	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	491	579	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	23	139	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.86	9.94	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Jack Bennion Travis Rothweiler/ City Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)9/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Letter for effluent weekly average TSS excursions. Week of 8/23/15

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRI	ING PERIOD
	MONITO MM/DD/YYYY	DRI	ING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	89	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jack Bennion	TELEPI	HONE	DATE
Travis Notitivenery Sity Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933)9/08/201!
TYPED OR PRINTED	anomaton, netering the possibility of the and imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Letter for effluent weekly average TSS excursions. Week of 8/23/15

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	09/01/2015	1	09/30/2015

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	27.3	28.8	deg C	*****	****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	541	1228	lb/d	*****	8	19	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	319	352	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7.7	****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1079	2436	lb/d	*****	17	37	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	263	275	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7	9	lb/d	*****	.1	.1	mg/L		Weekly	COMP24
00610 P 0 See Comments	PERMIT REQUIREMENT	247 MO AVG	351 DAILY MX	lb/d	*****	3.8 MO AVG	5.4 DAILY MX	mg/L		Weekly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30 Q=OCTOBER 1 THROUGH APRIL 30

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Travis Rothweiler/ Clty Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)734-9933

AREA Code

Shawn Moffitt

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

0/09/201

MM/DD/YYYY

Form Approved OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2015 09/30/2015

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	18.9	26.6	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	3.3	4.5	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	368	463	lb/d	*****	6	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	6	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.65	8.35	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Shawn Mottitt	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	0/09/201!
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Shawn Mottitt	TELEPI	HONE	DATE
Travis Notitivenery Sity Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	0/09/201
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

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ADDRESS: PO BOX 1907

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FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2015	7	10/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	26.2	27.8	deg C	*****	****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	199	324	lb/d	****	3	5	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	351	401	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
ρΗ	SAMPLE MEASUREMENT	****	****	****	7.8	****	8.2	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	527	1048	lb/d	*****	8	15	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	276	292	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31	83	lb/d	*****	.5	1.2	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	1/09/201!
TYPED OR PRINTED	and match, relating the possibility of the site imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls Bioassay October 2015 is attached

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2015	1	10/31/2015

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.4	23.3	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	2.4	3.4	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	260	415	lb/d	*****	4	7	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	7	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.71	9.34	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	> 1	toxic		Twice per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	99	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

certify under penalty of law that this document and all attachments were prepared under my

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information, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Twin Falls Bioassay October 2015 is attached

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Travis Rothweiler/ City Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)734-9933

AREA Code

Jack Bennion

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

1/09/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Г	ID0021270		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
		-	
	MM/DD/YYYY	1	MM/DD/YYYY

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	****	*****	%		Monthly	CALCTD

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jack Bennion	TELEP	HONE	DATE
Travis Nettiwener/ enty Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933		1/09/201!
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Twin Falls Bioassay October 2015 is attached

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2015 11/30/2015

DMR Mailing ZIP CODE:

83303 **MAJOR**

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.1	24.5	deg C	*****	****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	201	252	lb/d	*****	3	4	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	396	466	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
РН	SAMPLE MEASUREMENT	****	****	*****	7.7	****	8.1	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	340	362	lb/d	****	5	5	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	270	281	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	7	lb/d	****	.1	.1	mg/L		Weekly	COMP24
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lack Bennion	TELEP	HONE	DATE
	Travis Rothweller only Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933	2/07/201
İ	TYPED OR PRINTED	anomaton, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.2	17.6	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	2.5	3	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	382	458	lb/d	*****	6	8	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	4	326	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.57	8.44	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	****	****	%		Monthly	CALCTD

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30 Q=OCTOBER 1 THROUGH APRIL 30

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Travis Rothweiler/ City Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)734-9933

AREA Code

Jack Bennion

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

2/07/201

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2015 11/01/2015

DMR Mailing ZIP CODE:

83303 **MAJOR**

(SUBR 05)

External Outfall

No Discharge

		QUAN	ANTITY OR LOADING		QUALITY OR CONCENTRATION			L	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IACK BENNION	TELEP	HONE	DATE
Travis nonwener, only manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933		2/07/201
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

_			
	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2015	1	12/31/2015

DMR Mailing ZIP CODE:

MAJOR

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	19.8	22.9	deg C	*****	*****	****	*****		Continuous	Record (manual)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	425	578	lb/d	*****	7	9	mg/L		Four per Week	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	393	402	mg/L		Four per Week	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
pH	SAMPLE MEASUREMENT	****	*****	****	7.7	****	8.4	SU		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	628	856	lb/d	*****	10	14	mg/L		Four per Week	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	273	297	mg/L		Four per Week	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	34	79	lb/d	*****	.5	1.3	mg/L		Weekly	COMP24
00610 O 0	PERMIT	338	488	lb/d	*****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Jack Bennion Travis Rothweiler/ City Manager the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)1/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Snake River Flow Data 2015. Snake River analytical data 2015. EPA was called about effluent flow data for December 26 and 27. We have not recieved a return call to date

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

MAJOR \$

JUK

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	17.8	22	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	3.2	4.1	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	478	548	lb/d	*****	7	9	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	5	14	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.95	18.3	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	****	85 MINIMUM	****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lack Rennion	TELEPI	HONE	DATE
Travis netimenti / eng manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734	4-9933)1/08/2016
TYPED OR PRINTED	antomaton, nelecting the possibility of the did imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Snake River Flow Data 2015. Snake River analytical data 2015. EPA was called about effluent flow data for December 26 and 27. We have not recieved a return call to date

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

ID0021270 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2015 12/31/2015

DMR Mailing ZIP CODE:

83303 **MAJOR**

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	I IACK BENNION	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)1/08/2016
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Attached: Snake River Flow Data 2015. Snake River analytical data 2015. EPA was called about effluent flow data for December 26 and 27. We have not recieved a return call to date

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2016	1	01/31/2016

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	19	22.1	deg C	*****	*****	****	*****		Continuous	Record (manual)	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. WKLY AVG	Req. Mon. DAILY MX	deg C	*****	****	****	*****		Continuous	Record (manual)	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	297	509	lb/d	*****	5	7	mg/L		Four per Week	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	431	550	mg/L		Four per Week	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24	
рН	SAMPLE MEASUREMENT	****	****	*****	7.7	****	8	SU		Daily	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	428	679	lb/d	*****	7	10	mg/L		Four per Week	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2142 MO AVG	3213 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Four per Week	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	250	273	mg/L		Four per Week	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Four per Week	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6	9	lb/d	*****	.1	.1	mg/L		Weekly	COMP24	
00610 Q 0 See Comments	PERMIT REQUIREMENT	338 MO AVG	488 DAILY MX	lb/d	****	5.2 MO AVG	7.5 DAILY MX	mg/L		Weekly	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering Jack Bennion Travis Rothweiler/ City Manager the information, the information submitted is, to the best of my knowledge and belief, true, (208)734-9933)2/08/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

Γ	ID0021270	Г	001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MONITO MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83303

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	16.1	20.7	mg/L		Weekly	COMP24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	2.7	3.2	mg/L		Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	250	336	lb/d	*****	4	5	mg/L		Weekly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	710 MO AVG	990 WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	3	6	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 GEO MEAN	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.17	8.53	MGD	*****	****	****	*****		Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	****		Continuous	Record (manual)
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MAXIMUM	toxic		Twice per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	99	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MINIMUM	*****	****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lack Bennion	TELEP	HONE	DATE
Travis Notification only Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)73	4-9933)2/08/2016
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P=MAY 1 THROUGH SEPTEMBER 30 Q=OCTOBER 1 THROUGH APRIL 30

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Form Approved
OMB No. 2040-0004

83303

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: TWIN FALLS, CITY OF

ADDRESS: PO BOX 1907

TWIN FALLS, ID 83303

FACILITY: TWIN FALLS, CITY OF - TWIN FALLS WWTP

LOCATION: 350 CANYON SPRINGS ROAD

TWIN FALLS, ID 83301

ATTN: TRAVIS ROTHWEILER CITY MANAGER

DMR Mailing ZIP CODE:

IOD ¢

MAJOR \$

(SUBR 05)

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Jack Bennion	TELEPI	HONE	DATE
Travis nonwener, only manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)734-9933)2/08/2016
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)